

PLACE OF BIRTH

1. County of Gila
 District of Rice
 Town of _____
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 184
 County Registrar No. _____
 Local Registrar No. _____

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Cecelia Allen
 If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female
 To be answered ONLY in event of plural births.
 4. Twin, triplet or other. _____
 5. Legitimate? Yes
 6. No., in order of birth. _____
 7. Date of birth 10 22 26
 Month day year

3. FATHER
 Full name Joseph Allen
 9. Residence (Usual place of abode) Rice
 If nonresident, give place and state Ariz
 10. Color or race 4/4 Indian
 11. Age at last birthday 44 (Years)
 12. Birthplace (city or place) San Carlos Res.
 (State or country) Ariz
 13. Occupation Copper Laborer
 Nature of Industry _____

14. MOTHER
 Full maiden name Madeline Logan
 15. Residence (Usual place of abode) Rice
 If nonresident, give place and state Ariz
 16. Color or race 4/4 Indian
 17. Age at last birthday 19 (Years)
 18. Birthplace (city or place) Rice
 (State or country) Ariz
 19. Occupation Housewife
 Nature of Industry _____

20. Number of children of this mother
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (c) Stillborn 0
 21. Were precautions taken against ophthalmia neonatorum? no

Ref CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was born alive at 6 A on the date above stated.
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
 Given name added from supplemental report _____
 Month, day, year. _____
 Signature C. H. Sawyer M.D.
 Address San Carlos, Ariz
 (Physician or midwife)
 Local Registrar.
 Filed _____, 19____
 County Registrar.

Registrar.

315-1022-435